

| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004        |  |   |                   |                                       |            |                               |            |                     | Application or Docket Number $10/585598$ |            |                     |                        |
|---|--|---|-------------------|---------------------------------------|------------|-------------------------------|------------|---------------------|--|------------|---------------------|------------------------|
|   | ·  | CLAIMS A                                    | (Column 1)        |                                       |            | (Column 2)                    |            | SMALL EN            | TITY                                     | OR         | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES  |  |   |                   |                                       |            |                               | ] .        | RATE                | FEE                                      | ]          | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL ENT         | ENT. = \$ 150 LAR                     |            | SE ENT. = \$ 300              | 1          | BASIC FEE           | 10                                       | OR         | BASIC FEE           | <del> </del> -         |
| EXAMINATION FEE   |  |   |                   |                                       |            | her situations =              |            | EXAM. FEE           | (0)                                      | 1          | EXAM. FEE           | <del> </del>           |
| SEARCH FEE .  |  |   | ALL other co      | ALL OHER COUNTRES = 1                 |            | her situations = 250 / \$ 500 |            | SEARCH FEE          | 200                                      |            | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =       |                                       | -          | / 50 =                        |            | X \$ 125 =          |  |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 22 minus 20 = *   |                                       |            | 2                             |            | X \$ 25 =           | 50                                       | OR         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |   | Ø minus 3 = ₊     |                                       |            |                               |            | X \$ 100 =          |  | OR         | X \$ 200 =          |                        |
|   |  | DENT CLAIM PR                               | SENT              |                                       |            |                               |            | + \$ 180 =          |  | OR         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |                   |                                       |            |                               |            | TOTAL               | <i>SDO</i>                               | OR.        | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |                   |                                       |            |                               |            | SMALL E             | NTITY                                    | OR         | OTHER<br>SMALL E    |                        |
| AMENDMENT A   | · · · · · · · · · · · · · · · · · · ·          | REMAINING<br>AFTER<br>AMENDMENT             |                   | NUMBI<br>PREVIOU<br>PAID F            | ER<br>JSLY | PRESENT<br>EXTRA              |            | RATE                | ADDI-<br>TIONAL<br>FEE                   |            | RATE .              | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                                    |            | =                             |            | X \$ 25 =           |  | OR         | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus             | ***                                   |            | =                             | I          | X \$ 100 =          |  | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE                 |   |                   | EPENDENT CLAIM                        |            |                               |            | + \$ 180 =          |  | OR         | + \$ 360 =          |                        |
| +   |  |   |                   |                                       |            |                               | _          | TOTAL ADDIT.<br>FEE |  | OR         | TOTAL ADDIT.        |                        |
|   |  | (Column 1)                                  |                   | (Columr                               | n 2)       | (Column 3)                    |            |                     |  |            |                     |                        |
| 2   |  | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT |                   | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>ISLY  | PRESENT<br>EXTRA              |            | RATE                | ADDI-<br>TIONAL<br>FEE                   |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                                    |            | =                             | Γ          | X \$ 25 =           |  | OR         | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus             | ***                                   |            | =                             | Ī          | X \$ 100 =          |  | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                                       |            | ſ                             | + \$ 180 = |                     | OR                                       | + \$ 360 = |                     |                        |
|   |  |   |                   |                                       |            |                               | 1          | OTAL ADDIT.<br>FEE  |  | OR L       | TOTAL ADDIT.<br>FEE |                        |
| *   | If the entry in colu                           | ımn 1 is less than the                      | entry in column 2 | , write "0" in c                      | column     | 3.                            | ·          | _                   |  |            | , [                 |                        |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)